

**APPLICATION
for
AUTHORIZATION
to provide
SUBSTANCE ABUSE SERVICES
for
DWI OFFENDERS**

Combined Application for DWI and ADETS Services (Revised 5-2008)

Office of DWI Services
Justice Systems Innovations Team
Community Policy Management Section
NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3008 Mail Service Center
Raleigh, NC 27699-3008
919.733.0566

PACKET CHECKLISTS

APPLICATION PACKET: Place an "x" in each box as you complete each step towards submission of your application.

☐ **PART I.** DWI Facility Information

- ☐ Copies of NCSAPPB credentials for all **direct care** staff members
- ☐ DWI Related Services Provided
- ☐ Policy & Procedure Manual (see item D)
- ☐ Services for non-English speaking clients (incl. administrative director signature)
- ☐ Narrative description of services (see item F- 1,2, 3 and 4)
- ☐ Mental Health Facility license (when applicable)
- ☐ Facility Affirmations and Stipulations
- ☐ Code of Conduct
- ☐ Letter of Intent

☐ **PART II.** Complete Alcohol and Drug Education Treatment School (ADETS) Application (if applicable) pgs 9-10

- ☐ Copy of NCSAPPB Certification
- ☐ Copy of ADETS Instructor Certification
- ☐ Facility Affirmations and Stipulations

Signature: _____ **Date:** _____

Send the application packet (Parts I-II listed above) to the following mailing address:

**DWI Services / Justice Systems Innovations Team
NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
3008 Mail Service Center
Raleigh, NC 27699-3008**

AUTHORIZATION FEE PACKET

☐ **PART III.** Complete Authorization Fee of a Private Facility Provider Form pg. 11

☐ **\$250 (non-refundable)** check made payable to the DHHS – DMHDDSAS

Send the Authorization Fee packet (Part III. listed above) to the following address:

**MS. KRISTI HICKMAN
BUDGET AND FINANCE TEAM
DIVISION OF MH/DD/SAS
3013 MAIL SERVICE CENTER
RALEIGH, NC 27699-3013**

A decision on the application for Authorization shall be communicated to the facility within 20 business days of the receipt of the application by the NC Division of MH/DD/SAS.

Indicate application type. Please check all that apply:

Part I. ☐ DWI Facility Application

Part II. ☐ ADETS Facility Application (pgs 9-10)

PART I. DWI Facility Application

A. General Information

MHL #: _____ (if applicable)

Exp. Date: _____

FACILITY: _____

PHYSICAL LOCATION: _____

CITY: _____ ZIP: _____ COUNTY: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL (REQUIRED): _____ INTERNET WEB SITE: _____

OWNER: _____

TYPE: Corp. LLC Partnership Individual Other **(Please Circle)**

Hours facility is open:

Sun. from to	Mon. from to	Tue. from to	Wed. from to	Thur. from to	Fri. from to	Sat. from to
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B. STAFFING (MUST include copy of NCSAPPB credentials or verification of other Board status for all direct care staff listed). Please print legibly

Admin Director _____

Clinical Director _____

Clinical
Supervisor _____

DWI Assessor(s) _____

Persons Providing SA Treatment _____

Contact Person for DWI Facility _____

C. CHECK EACH DWI RELATED SERVICE PROVIDED

Service(s) checked must correspond with licensure levels indicated on the DHSR license, if applicable. Please check ALL that apply

- ☐ ADETS
- ☐ Short-Term
- ☐ Longer-Term
- ☐ Day Treatment (*Requires DHSR License*)
- ☐ Intensive Outpatient Treatment (*Requires DHSR License*)
- ☐ Substance Abuse Comprehensive Outpatient Treatment (*Requires DHSR License*)
- ☐ Inpatient/Residential Services (*Requires DHSR License*)

D. POLICY & PROCEDURE MANUAL

Pursuant to Administrative Rule 10A NCAC 27G .0201, each facility shall develop a written "Policy and Procedure Manual". The manual shall be submitted in conjunction with this application packet and other required documents as outlined within **and should also reflect what is currently indicated in the law (122C-142.1).**

IMPORTANT: Please refer to the Mental Health Survey Attachment/Link when developing your Policy & Procedure Manual. The "**Mental Health Survey**" was created by the Division of Health Service Regulation (DHSR) and is used in their application process.

E. INTERPRETATION & TRANSLATION SERVICES FOR NON ENGLISH SPEAKING CLIENTS

Do you provide services for non-English speaking clients? ☐ Yes ☐ No

If YES, language: _____

If YES, please describe as per 10 NCAC 14V .3816. Include direct care staff name and verification of NCSAPPB credentials (e.g., copy of certificate) DO NOT send resumes, diplomas etc.

If NO, please list the facilities where non-English speaking clients will be referred and describe how these facilities ensure services for non-English speaking clients (attach additional paper if necessary).
Referral to: _____

Signature (Administrative Director): _____ Date: _____

Name (printed)/Title: _____

Contact Person for DWI Facility: _____

For Office use: 5-digit DWI FACILITY CODE: _____
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F. NARRATIVE DESCRIPTION OF SERVICES

Please provide answers to the following in the space provided below. Attach an additional sheet if necessary. (NOT TO EXCEED TWO PAGES):

- 1) ☐ Description of **screening and assessment** instruments that will be used.
- 2) ☐ Description of the **evidence-based practices** to be used in your facilities' education and/or treatment programs (e.g., Motivational Interviewing, MET, CBT, CRA) AND your plans for implementation
- 3) ☐ A description of services to include the **dual diagnosis designation** for the program found in ASAM PPC-2R (i.e., Addiction Only Services, Dual Diagnoses Capable, Dual Diagnosis Enhanced)
- 4) ☐ A sample clinical and/or assessment interview

<p>Write/ type descriptions below and attach an additional sheet if necessary.</p>

FACILITY AFFIRMATIONS AND STIPULATIONS

The plan by which Substance Abuse Services provided for individuals with DWI offenses is a major component of the State's comprehensive response to the problem of impaired driving. The primary objective of this element of the North Carolina response to DWI is to assure an effective clinical/substance abuse intervention for every offender. The primary goal is the prevention of repeat DWI behavior.

As the clinical manager of this facility, I understand that the privilege to serve this sanctioned population is predicated upon the ability and willingness of this facility to provide effective services; and to seek always to have a positive impact upon the future DWI behavior of every client. We assert no entitlement to this privilege but, believing the facility to be qualified, we have applied for it. We intend to serve these offenders in accordance with the State's objectives, as expressed in statutes and rules.

I further understand that this privilege may be withheld, suspended, or revoked on the basis of noncompliance with rules and statutes, as determined by facility monitoring and e508 review. Noncompliance actions will be reported to NCSAPPB and/or other credentialing bodies and DHRS (if applicable).

It is understood also that this facility is free to serve clients other than DWI offenders, pursuant to the License issued to the facility by the Division of health Services Regulation and/or other professional license or credential.

I stipulate also that I have studied the applicable rules and accept them as binding on the services covered by this authorization. I further accept the responsibility to train and supervise this facility's staff to assure that all services are conducted in compliance with applicable rules and statutes.

Applicant must study and be familiar with APSM 30-1- Rules that govern substance abuse services for DWI offenders:

<http://www.ncdhhs.gov/mhddsas/statpublications/manualsforms/index.htm>
before signing this document. (*Refer to Section 10A NCAC 27G .3800-.3817*)

Signature (Clinical Director): _____ Date: _____

Name/Title: _____

Signature (Administrative Director): _____ Date: _____

Name/Title: _____

**CODE OF CONDUCT
FACILITIES AUTHORIZED TO PROVIDE SERVICES TO DWI OFFENDERS**

Whereas, this facility is committed to providing and encouraging others to provide the most effective substance abuse services possible for Driving While Impaired (DWI) offenders and, thereby, to contribute to the reduction of this life threatening behavior, I hereby affirm and commit this facility to abide by the following principles and practices:

1. To conduct all services according to applicable state laws, rules and guidelines;
2. To take every possible measure to determine that the assessment and placement of clients shall be based upon clinical considerations; and to ensure that employees of this facility shall not offer, give, solicit, or accept any fee, gift or other special considerations in return for the referral of clients, or as an inducement to modify the outcome of the assessment or the services provided;
3. To insist that all employees of this facility conduct themselves in accordance with codes of ethical practice adopted by their professional groups, and that they maintain their credentials and professional competence;
4. To inform the client of the right to seek the required services from another facility, and to refrain from any attempt to coerce the client into staying with this facility; to offer the client a list of facilities providing the specified services;
5. To refer clients to other services as necessary to address additional problems which would impair the client's ability to function as a safe driver. If the problems are not resolved, this facility will communicate in writing with the Medical Review Board of the DMV so that further monitoring of the client can be conducted;
6. To ensure that staff of this facility are qualified by training, experience, temperament, judgement and emotional stability to carry out their assigned work. Persons in recovery must demonstrate sufficient length and quality of sobriety as to be able to lead others. Persons without a history of problems with alcohol and other drugs should demonstrate judgement in their personal behavior so as to protect the clients and the reputation of this facility;
7. Each client will be asked to disclose any previous assessment(s) for this offense and /or to affirm in writing that this is the first assessment for this offense; and, in any case, this facility may not conduct a second assessment for an offense unless permission is given to review information from any previous assessments by obtaining a signed client release form.
8. To ensure that persons authorized to conduct assessments satisfy one (at a minimum) of the criteria listed below:

IMPORTANT: Effective 10/1/08, per Section 2 G.S. 122C-142.1, only NCSAPPB certified and licensed staff will be able to administer DWI related assessments. Interns will no longer be allowed to administer assessments.

- (1) Certified Substance Abuse Counselor (CSAC), as defined by the Commission;
- (2) Licensed Clinical Addiction Specialist (LCAS), as defined by the Commission;
- (3) A Substance Abuse Counselor Intern who is supervised by a Certified Clinical Supervisor (CCS) or a Clinical Supervisor Intern (CSI), as defined by the Commission, and who meets the

minimum qualifications established by the Commission for individuals performing substance abuse assessments.

(4) A person licensed by the North Carolina Medical Board or the North Carolina Psychology Board;

(5) A physician certified by the American Society of Addiction Medicine (ASAM)."

9. To treat all clients with respect, courtesy and professionalism.

FACILITY: _____ DHSR MH LICENSE # _____
(if applicable)

Agency Head Signature: _____ Date: _____

Agency Head Name/Title: _____ DWI Facility Code _____

THE FACILITY SHALL POST THIS DOCUMENT

NOTIFICATION OF INTENT TO PROVIDE DWI SERVICES

Guidelines and Template Letter

As Per General Statute 122C-142.1 (a) *before a private facility located in this State provides the substance abuse services needed by a person to obtain a certificate of completion, **the facility shall notify both the designated area facility for the catchment area in which it is located and the Department** of its intent to provide the services and shall agree to comply with the laws and rules concerning these services that apply to area facilities.*

This notification shall include information about your facility, your mental health license number, location, contact information, administrative director, clinical director, and the specific DWI services that you propose to offer as indicated in item B. on the application.

Items to be included in your letter of intent are as follows:

1) Purpose

For example: *"The purpose of this letter is to inform you of the intent of this facility to provide substance abuse services to DWI offenders in the specified catchment area listed below. Information pertaining to this facility is as follows:"*

2) Physical address, phone, and fax# of your facility

3) Mental Health License number (if applicable)

4) Level of Services approved / being provided

5) Population being served

6) All types of services being provided (Assessments, ADETS, Short-term, Long-term, Day, IOP, SACOT, Inpatient, AOC, DDC & DDE)

7) Hours of operation

8) Names of the Administrative and Clinical Directors of the facility

9) Names of ADETS Instructors (if applicable)

10) Signature of Clinical and/or Administrative Director(s)

A copy of this document must accompany your completed application.

Send a copy of this documentation with your application for authorization to serve DWI clients to the Division of MH/DD/SAS – DWI Services.

PART II. ADET School Application

A. General Information

1. MHL # (if applicable): _____ Exp. Date: _____ 2. DWI Facility Code:
3. Contact Person for ADETS School (please print) _____
4. Facility _____

B. Service Provision- non-English speaking clients

Do you provide ADETS services for non-English speaking clients? ☐ Yes ☐ No

If yes, please describe as per 10 NCAC 14V .3816. Include direct care staff name, resume, **and copies of NCSAPPB credentials and ADETS Instructor Training Certificate.**

If no, please list the ADET schools where non-English speaking clients will be referred and describe how these facilities ensure services for non-English speaking clients (attach additional paper if necessary). *Referral to:* _____

C. Staffing (Please print legibly)

Certified ADETS Instructor _____

D. Required Signature

Signature (Administrative Director): _____ Date: _____

Name/Title: _____

Remember to include copies of NCSAPPB credentials and ADETS Instructor Certificate for all ADETS staff.

For Office use:	5-digit DWI FACILITY CODE: _____
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FACILITY AFFIRMATIONS AND STIPULATIONS

ADETS Providers Only

I agree to provide Alcohol and Drug Education Traffic School in accordance with General Statute 122C-142.1 and Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services 10 NCAC 27G .3800 including, but not limited to, the following:

- A. Being an authorized provider of substance abuse services to Driving While Impaired offenders;
- B. Offering the curriculum established by the Commission and complying with rules adopted by the Commission;
- C. Providing a properly qualified instructor in each class in accordance with statute and rules above.
- D. Remitting to the Division ten percent (10%) of each fee paid by a person who attends the ADET school on a minimum of a quarterly basis;
- E. Notifying the designated LME (for the catchment area in which ADETS is located) of its intent to provide ADETS services with a copy of this notification sent to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

Signature (Clinical Director): _____ Date: _____

Name/Title: _____

Signature (Administrative Director): _____ Date: _____

Name/Title: _____

PART III. Authorization Fee of a Private Facility Provider

MHL #: _____ Exp. Date: _____

DWI Facility Code: PENDING

FACILITY: _____

ADDRESS: _____

CITY: _____ ZIP: _____ COUNTY: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

E-MAIL : _____

OWNER: _____

ADMINISTRATIVE DIRECTOR: _____

FEE DUE: **\$250** FEE PAID: _____
(non-refundable)

CHECK NUMBER: _____

DATE: _____

FEE IS PAYABLE TO: **DHHS / DMHDDSAS**

SEND FEE TO:

**MS. KRISTI HICKMAN
BUDGET AND FINANCE TEAM
DIVISION OF MH/DD/SAS
3013 MAIL SERVICE CENTER
RALEIGH, NC 27699-3013**

PLEASE NOTE THAT REFUNDS OF APPLICATION FEES **WILL NOT** BE GRANTED.

Division of Health Service Regulation (DHSR) Mental Health Survey

*Please click link below and refer to **pgs 19-30** for use in creating a Policy & Procedure Manual*

<http://www.ncdhhs.gov/dhsr/mhlcs/pdf/mhiapp.pdf>

Reference: Pulled from the North Carolina Department of Health and Human Services Division of Health Service Regulation Mental Health Licensure and Certification Section, Initial Licensure Application Packet, 11/19/2007.

SUPPORTING DOCUMENTATION

DWI and ADETS Facility Application

Of Note: These documents are for *reference only*. Please **DO NOT** submit these with the application!

1. DWI Facility Application - Supporting Documentation

- (a) REQUEST FOR ADMINISTRATIVE RULE MANUALS
<http://www.ncdhhs.gov/mhddsas/statspublications/manualsforms/>
- (b) REPORT OF FACILITY CHANGES/ADDITIONS
<http://www.nctasc.net/ncdwiservices/providers/facilitychanges2.pdf>
- (c) GENERAL ASSEMBLY OF NORTH CAROLINA- SESSION 2003
SENATE BILL 934 - RATIFIED BILL
<http://www.nctasc.net/ncdwiservices/providers/senatebill934.pdf>
- (d) Statement Prohibiting Re-disclosure for Inclusion in the Release of Information
<http://www.nctasc.net/ncdwiservices/providers/statementprohibiting.pdf>
- (e) Staff Resources
<http://www.nctasc.net/ncdwiservices/providers/staffresources.pdf>

2. ADET School Application - Supporting Documentation

- ADETS Fees Quarterly Remittance Form
<http://www.nctasc.net/ncdwiservices/providers/remittanceform.pdf>